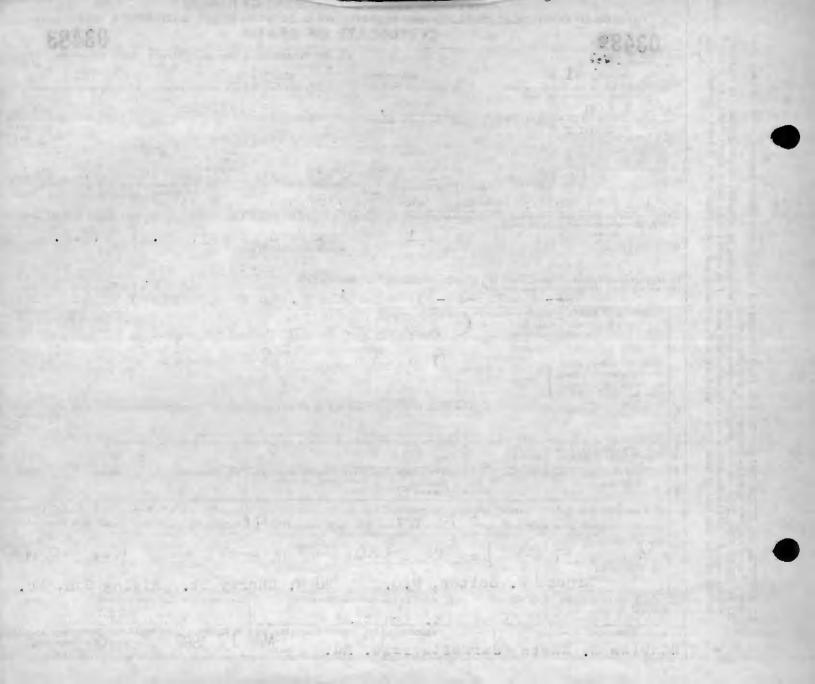


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PECOPOS 301 W PRESTON STREET RAITIMORE 1 MARYLAND

0348 9	CERTIFICAT	E OF DEAT	H	03483 /_
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where decessed livad, If it	astitution: Residence before edinission
e.county Cecil		e. STATE	b. COUNT	
	MARYLAND	Mary.		Harford
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nacrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write	KUKAL and give neerest town)
Rising Sun	2 yrs.	Jarre	ttsville	12.2
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street eddress)	d. STREET ADDRESS		. IS RESIDENCE
Calvert Nursing Home	3	Jarretts	ville Road	YES X NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Yeer
(Typa or print) John	Henry Bead	ling	DEATH March	14. 1967
		DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
	KKIED WEAEK WYKKIED	A A	A salat t a s	Months Days Hours Min.
1 1111	WED DIVORCED	2/2/1884	83 yrs.	
IDa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Coun	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
7 .	Saw mill	Harford	County. Md.	U.S.A.
13. FATHER'S NAME	DOWN HELLT	14. MOTHER'S MAIDEN	W 7	1 U.D.A.
John Beading		Elizab	eth Harman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, or unkown] [(fiyesgivawerardetesofservice)]	16. SOCIAL SECURITY NO. 17	NFORMANT	Jar Addies	tsville Road
10 27	5-12-3370A Till	lie M. Jol	hnson Fores	
18. CAUSE OF DEATH [Enter only one cause p	per lime for (a) (b) and (c) !		1110011 10100	OT OF A INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	(0)	7	0	2105 ONSET AND DEATH
IMMEDIATE CAUSE (e)	cardi	se ta	Muni	
4 2 / / DUE TO	0 4	0-0		2
Conditions, if ony, which \ (b)	Marle	-	enge.	_
gave rise to immediate cause				1
(e), steting the underlying DUE TO				
ceuse lest, (c)				
Z PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY
Ĕ				YES TO NO L
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CHIEFE MEDICAL EXAMINED				
200. ACCIDENT WAS UNDERLYING 1 20b.	DESCRIBE HOW INJURY OCCURRE	2. (Enter nature of injury is	n Pert I or Pert II of Item 18.)	
ZOc. TIME OF INJURY Month, Day, Yeer 21 Hour e.m. 19 al		CE OF INJURY (Home, fern		(County) (Stete)
Hour e.m.	THE THE THE	ary, street, affice bldg., etc	-]	
	wark et work			N 23 A
21. I certify that (I) (this hospital) at	tended the deceased from		19, to 11.1.0.16	19 (hat (I)) (we) las
saw the deceased alive on Manager	In 14 19 a Tand that	death occurred at.	PM, from the causes ar	nd on the date stated above.
22a-SIGNATURE				22b, DATE
The state of the s	e ter wind	PHYS.	MED. STAFF	SIGNE
Change W. A	ette wan	22d. ADDRESS	PATS.	march 17,196
22c. PHYSICIAN'S	11 11 11	-0		
NAME (Type Ernest W. Se	eiter, M.D.	28 W. Ch	erry St. Ri	sing Sun, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	n or county) (Stete)
REMOVAL (Specify)	7 Ct Town to	1.0	Hickory,	Maryland
Burial 3/18/196	7 St. Ignatio			
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. MA		STRAR'S SIGNATURE
Charles E. Kurtz Ja	rrettsville,	Md. DATE	100	
	21084			

VR A1S (4) 2DM 5-63



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03490 deoth deoth. funeral 1 and and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY tely filled in by the fun-bon papers. Pages 1 within 72 hours after d Cecil Maryland MARYLAND requires that the death certificate be executed within 24 hours after b. CITY DR TDWN (If autside corporate limits, C. LENGTH DF STAY IN 15 c. CITY DR TDWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn)
Perry Point Mo 8d Baltimore d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM VA Hospital. Perry Point. Md. 3616 Forrest Hill YES NOTE bon 3. NAME OF Middle 4. DATE Last Year physicion and completely en please remove carbon DECEASED in pay event, (Type or print) DRINDSH BOILTS DEATH March 6. COLOR OR RACE DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** Doys Hours White WIDOWED DIVORCED 5-16-95 Male 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Truck Driver INDUSTRY COUNTRY? l, ond Baltimore, Md. S.A. 13. FATHER'S NAME signed by the ottending phy burial-transit permit. Then burial, cremotion, or removal Clarence G. Bouis Hattie Moore IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Yes WW 213-05-78-86 VA Hospital Records. Perry Poin t. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Pulmonary Edema, Acute, Severe IMMEDIATE CAUSE (6) DUE TO Arterioscherotic Heart Disease Years Conditions, if ony, which gove rise to immediate cause (a), DUE TO for use as the f Health prior to b stating the underlying cause by the hospital or ottending hos been Broncho- Pneumonia 2 days last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES XX NO TO FUNERAL DIRECTOR: After this certificate 200, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) be detoched f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour a.m. factory, street, affice bldg., etc.) Not While of work at wark 21. 1 certify that (A) (this haspital) attended the deceased from July 10 , 1965, to March 18, 1967, that (H) (we) last Page 4 moy be retained 3 should with the STOUCHE OF THE STORY OF THE STO 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. 3-18-67 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S director, po should be f NAME (Type) VAH., Perry Point, Md. H. E. CONNOR. M.D. 23o. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23C/NAME OF CEMETERY OR CREMATORY 23d: LOCATION (City or Town) (County) (State) 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE MAR 2 1 Miane, 1967 LORING BYERS 8728 Liberty Rd. Balto. Mf.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03491 deoth. requires that the death certificate be executed within 24 haurs after death. and Corapletely filled in by the funeral remove corbon papers. Pages I and in any event, within 72 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Cecil MARYLAND Maryland c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits. CLENGTH OF STAY IN 16 write RURAL and give nearest town) Perry Point 4 mos 19 days Wheaton d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital 11602 Bucknell Drive YES NO X NAME OF Middle 4. DATE First Lost Manth Year DECEASED 19 67 HENRY Μ. CARPENTER March (Type or print) DEATH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7CMARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS remove any eve last birthday) Manths Days Haurs White 8-21-92 Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ondvin during most of working life, even if retired) COUNTRY? pleose INDUSTRY the ottending physician sit permit. Then pleose Concord, N. Carolina U.S.A. Electrician 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removal. (D) Martin Mary 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) 578-34-7438 VA Hospital Records. Perry Point, Md. Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary edema signed by (b) Arteriosclerotic heart disease with myocardial Canditions, if any, which gave rise to immediate cause (a), DUE TO fibrosis stating the underlying cause be retained by the hospital or ottending os the prior ta O FUNERAL DIRECTOR: After this certificate has been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? USe be detached for use Stote Dept. of Health YES X NO [20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Nat While factory, street, affice blda., etc.) at wark 21. 1 certify that XIX (this haspital) attended the deceased fram Oct. 13 plnods 22g. SIGNATURE 22b. DATE SIGNED Darcea **ATTENDING** x PHYS. 3-1-67 DIRECTOR M.D. director, poge should be filed 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS Poge 4 may VA Hospital, Perry Point, Md. 23g. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (State) (County) BURIAL (Specify) LEKANDRIA 3-67 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Lee Funeral Home, 4th & Mass. Ave., NE., Wash. DATE MAR 6 VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03492 the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funeral papers. Pages and o. COUNTY o. STATE b. COUNTY MARYLAND Cecil Maryland Harford b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN Th c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ve carbon papers. Pay Perry Point 21 days Havre de Grace d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO -Veterans Administration Hospital 811 N. Adams Street YES T 3. NAME OF 4. DATE Year DOY DECEASED 19 67 ROBERT J. CHRISTY March 16 (Type or print) DEATH IF UNDER TYEAR S. SFX 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH remove lost birthdoy) Dovs Hours 4ub WIDOWED DIVORCED Negro 10-17-95 Male and 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) please INDUSTRY COUNTRY? attending physician sermit. Then please Truck driver, ret. Harford Co., Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Christy Robert Christy (D) IS WAS DECEASED EVER IN U.S. ARMED FORCES? 14 SOCIAL SECURITY NO 17 INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 057-14-8963 VA Hospital Records, Perry Point, Md. Yes IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH requires that Pneumonia IMMEDIATE CAUSE (o). à DUF TO Arteriosclerotic heart disease Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse by the haspital or attending as the FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use NO X YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH J. detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Not While of work of work ě 21. I certify that (K(this hospital) attended the deceased fram Feb. 23 , 19 67, to March 161967, thornthree kines be retained sowsherdeseggdrolive or reverse was and that death occurred a 6:00 M, from couses and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE Dancia WI **ATTENDING** 3-17-67 M.D. PHYS DIRECTOR PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) GARCIA, M.D. VAH. Perry Point. Md. 23c. NAME OF CEMETERY OR CREMATORY. 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23d. LOCAJION (City or Town) (County) (Stote) Survey Union mille 0 24. FUNERAL DIRECTOR Bullock Funeral Home, Havre de Grace, Md.

38850 \$5.55 to 15.70 kg/h 15 5111 1116 these such as In-T (Bloc The Contract all the bulleting of THE STATE OF THE S (C) idea the car and company the company among And Alabert great the second first that the second found objects outperform and THE COLD IN COLUMN THE STATE OF valve at the second of the sec A LONG PROPERTY OF and the comment of the contract of the contrac

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Cecil Cecil Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) yrs. Elkton Elkton .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 373 W. Union Hospital Main St. YES NO X and completely tremove carbon programs any event, within executed within 3. NAME DE Last DATE Day Middle Month DECEASED 19 67 David L. Cleaves March (Type or print) DEATH 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 9. 7. MARRIED X I NEVER MARRIED 19, White Feb. 1900 Male WIDOWED DIVORGED [67 lease re and in a 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? DuPont Co. U.S.A. Delaware 13. FATHER'S NAME MOTHER'S MAIDEN NAME геттота John H. Margaret A. Ford Cleaves 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT 373 W. Wen St. been signed by the attenthe burial-transit permit. or to burial, cremation, or a (Yes, no, or unkown) (If yes give war or dates of service) Mrs. David L. Cleaves, Elkton. 221-07-6415 Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physiclan. erchral IMMEDIATE CAUSE (a) DUE TO pertensive Cardiovascular Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. this certificate has CERTIFICATION of Health p PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Mellitus YES NO TH 20a. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year State factory, street, office bldg., etc.) Hour a.m. After Id be d Not While at work at work retained FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 3 19 7 and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on. 22a. SUNAKURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. Page 4 may 1 PHYSTCTAN'S NAME (Type) 22d. ADDRESS director, p should be 1 LOCATION (City, town or county) BURIAL, CREMATION, 23b. REMOVAL (Specify) Elkton Elkton Cemeterv Buria! Md 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE PUNERAL DIRECTOR Funerals Home Elkton. for 15M 4-64



A. I	tem 18 Film 387 4-19-67 MARYLAND STATE DEPARTMENT OF HEALTH	
FUR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03494 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00
FINK STATE		:50
MINLIN-DIRE.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence to STATE b. COUNTY	oefore odmission)
Page 13 to	CECIL MARYLAND Maryland Cecil	
2, ond 3 th PM3. Pag	b CITY OR TOWN (If outside carporate limits c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	eorest town)
P. V. O	Perryville Perryville Perryville	- I DESIGNATION
T E B	d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS	e IS RESIDENCE On a farm?
there: This certificate should be executed within 24 hours ofter death. If Liny delt is certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and should be forwarded to the Chief Medical Examiner's Office along with form. PM3. files. 3 should be used as a burial-transit permit. File pages land 2 with the State Departmetion, or removal, and in any event within 72 hours after death.	Trailer Camp - Susquehanna Avenue Wm. Zurlin's Trailer Camp	YES NO
24 hours ofter death in Item 18. Give Page r's Office olong with fes land 2007, the Statuter deoth.	3 NAME OF First Middle Lost 4 DATE Month OF	Doy Year
i i i i i i i i i i i i i i i i i i i	(Type or print) THOMAS SEX 6 COLOR OR RACE 7 MARRIED TO NEVER MARRIED TO B DATE OF BIRTH 9 AGE (n vegrs TEUNDER LY)	6 19 67 EAR IF UNDER 24 HRS
\$ 8 8 E	3 6 1033 lost birthday Months Di	oys Hours Min
ed within 24 hours of in pencil in 11em 18 in Examiner's Office of File pages I and 2000 72 hours after death	Mate willte work AA 45 %	EN OF WHAT
ho Off	100 USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) 10b KIND OF BUS NESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZE COUNT	TRY?
24 in gr's ges ges	UNemployed Alexander, Virginia U	S.A.
rhin nna nning pog urs		
wit xorr rile ho	Thomas J. Cockrell, Sr. Gladys Ewald	
be executed within "pending" in pencil in pencil in pencil sedmine met Medicol Examine onsit permit. File page ent within 72 hours of	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) OSF	
execute inding Medico permit within	WWII 225-34-0649 Cunningham Funeral Home, Alexande	
f M f w t	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY No cause of death determined	INTERVAL BETWEEN ONSET AND DEATH
should be e ne word "per to the Chief I buriol-transit n any event v	IMMEDIATE CAUSE (o) 110 CREATE OF GROWING	
ould vord he (775 5 DUE TO	
sha o til burn	Conditions, if ony, which gove (b) due to	
ote s g the sd to d in	stating the underlying couse DUE TO	
This certificate should icote, writing the word be forwarded to the Ch be used as a buriol-transovol, and in any every	bst. (c) Advanced decomposition	In this times
This certificate, writh be forwor I be used removal, c	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
his ofe, e fc	200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTI	YES K NO
tifica Id b Id b or ra	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW N.LRY OCCURRED (Enter noture of injury in Port I or Port I of tem 1B) PRIMARY □ or CONTRIBUTING □	
INER: ne certifi should files. 3 shou	CAUSE OF DEATH	
MEDICAL EXAMINER: slease execute the certificate or page 4 should director. Page 4 should estained for your files. DIRECTOR: Page 3 shou to buriol, cremation, or	20c TIME OF INIURY Month, Day, Year While Not While foctory, street, office bldg, etc.) 20d INJURY OCCLERED 20e PLACE OF NURY (Home, form, hour or m.) While Not While foctory, street, office bldg, etc.)	y) (Stote)
L EXAM ecute th Page 4 or your R: Page	pint. Of work 🗀 il work	
MEDICAL EXA please execute director Page retained for you DIRECTOR: Page r to buriol, cren		ond n my opnion
se execusetor Partor Pa	deoth resulted from. Natural causes , Accident , Suicide , Homicide , Undetermined manner	
HE CONTROLL OF THE CONTROL OF THE CO	ACTUAL ACTUAL CHIEF MEDICAL EXAMINER C	22. DATE SIGNED
JIY MEDIC. Ty, please erol directol be retained RAI DIRECT	SIGNATURE MD ASSISTANT MEDICAL EXAMINER IX	
EPUTY MEDIC. ssary, please e funerol director ay be retained INERAL DIRECT th prior to bury	EMPIRITER 3	3-7-67
	HERRICA OF OTTEN	ounty) (Stote)
TO D The TO FIL	BURIAL (REMATION, BURIAL (Specify) 3-13-1967 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co	
	24 FUNERAL DIRECTOR ADDRESS 250. REC D BY REGISTRAR 250. REGISTRAR 250. REC D BY REC D	
VR A 15ME (5) 6M 1/67	Howard H. Hubbard, 4107 Wilkens Ave. 21229 MAR 1 0 1967 Policiales	udge
	I HOWELLA II - HADDAGE TEO! HETEVALO	/ W



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03495 CERTIFICATE OF DEATH 24 haurs after deoth 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission Cecil a STATE b. COUNTY Maryland MARYLAND filled in by the fa in popers. Pages 5 yrs. 8 mos b City OR TOWN (If autside carparate limits, c EITY OR TOWN (if autside carparate limits, write RURAL and give nearest town) Perry Point Baltimore d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Veterans Administration Hospital 5115 Balto. Nat'l. Pike YES NO requires that the death certificate be executed within 3. NAME OF po. Del Giudice Jr. Dov Year physician and completely en please removy carbon DECEASED JOHN P. DEL GUIDICE TOPATH (Type or print) March S SEX 8. DATE OF SIRTH AGE (In years IF JNDER IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 4 last birthday) Months Days Haurs 8-6-21 Male White WIDOWED DIVORCED IDo USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR 11. 8IRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Electric Baltimore. Md. U.S.A Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending physiburiol-transit permit. Then planned, cremation, or removol, John Belishistic Bel Giudice Nellie #D### Lang 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates of service) Yes 216-18-7945 WW II VA Hospital Records, Perry Point, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL SETWEEN ONSET AND DEATH Bronchopneumonia IMMEDIATE CAUSE (a) attending physician. DUF TO Conditions, if any, which gove nse ta immediate couse (a), DUE TO stoting the underlying cause os the prior to l has been 19 WAS AUTOPS' PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? CERTIFICATION NO X O FUNERAL DIRECTOR: After this certificate by the hospital or ξ 2Do ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20x. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, office bldg., etc.) Nat While at wark at wark 19 60, to March 28, 1967, thorytickychot 21 I certify that (IX(this haspital) attended the deceased fram April 6 be retained director, page 3 should should be filed with the mounteral engagement of the state of the sta 22b. DATE SIGNED 22a, SIGNATURE ATTENDING STAFF PHYS. 3-28-67 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) S. GOLDGRABEN. M.D. VAH. Perry Point, Md. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a BURIAL CREMATION. REMOVAL (Specify) Moreland Mem. Park Baltimore Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 [4] Wm Cook-Brooks Funeral Home, Towson, Md. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03496 requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence PLACE OF DEATH o. COUNTY o. STATE **b** COUNTY MARYLAND Maryland Cecil physician and completely filled in by the b. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest tawn)

Perry Point c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 papers Page thin 72 haurs a 25 days Baltimore d. STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 1604 Park Avenue Veterans Administration Hospital YES NO IX 4 DATE Month DECEASED Vent, (Type or print) MYRON EMERSON DEATH 19 March SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED XX **NEVER MARRIED** birthday) Manths Haurs 2-24-99 Male White WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or fareign country) 32. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR during most of warking life, even if retired)
Switchboard Operator COUNTRY? INDUSTRY Emersonian Apts Baltimore, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Eva M. Saunders John L. Emerson 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address signed by the attending burial-transit permit. I burial, trematian, or re-(Yes, na, or unknown) (If yes give wor or dates of service) 569-01-2883 Yes VA Hospitals Records Perry Point. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Uremia AMMEDIATE CAUSE (a) 26007 DUE TO Kimmelstiel - Wilson Disease Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse by the haspital ar attending has been Diabetes Mellitus 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES Y NO - Hypertensive Heart Disease Pulmonary Edema -O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED (City or town) 20e. PLACE OF INJURY (Hame, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year While at work at work Haur a.m. foctory, street, office bldg., etc.) 21. I certify that XX (this haspital) attended the deceased from Feb. 20, 19.67, to March 17, 1967, xbot (1) (seeklast researched to be stated above. Page 4 may be retained director, page 3 shauld should be filed with the 22b. DATE SIGNED 22a, SIGNATURE ATTENDING DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) A. G. Gillis, M.D. VA Hospital, Perry Point, Md. 23d LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a BUR AL, CREMATION, REMOVAL (Specify) Baltimore, Md. Balto. Nat. Cem. 3/21/67 Lane ADDRESS Baltion, Md 24 FUNERAL DIRECTOR 3331 Brehms 25o. REC'D BY REGISTRAR MAR 2



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03497 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH physician and campletely filled in by the funera en please remave carban papers. Pages 1 And aval, and it any event, within 72 haurs after Gea. a. STATE VTRGINIA o COUNTY b. COUNTY Cecil Fairfax MARYLAND C LENGTH OF STAY IN 16 b CITY DR TDWN (If outside corporate limits. c CITY DR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town FALLS CHURCH 173 days Perry Point d NAME OF HOSP TAL OR INSTITUTION (If not in hospito), give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 704 Villa Ridge VA Hospital YES NO X Middle 3. NAME OF 4. DATE Manth March 18, DECEASED THOMAS HAYES 1.67 J. (Type or print) DEATH 9. AGE (In years S SEX 8 DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 6 CDEOR OR RACE 7 MARRIED -F NEVER MARRIED Ipst-birthday) Months Days Hours Male White 9-18-88 WIDOWED DIVDRCED 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) IDO USUA, OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY U.S.ARMY U.S.A. Ironton, Ohio 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME Thomas J. Haves (D) Susanna T. Davis 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no or unknown) (If wes give war or dates of service) 225-46-4963 VA Hospital Records Perry Point. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) signed by the burial-transit p burial, cremati ONSET AND DEATH PART I DEATH WAS CAUSED BY. Broncho-Pneumonia IMMEDIATE CAUSE (o) 4500 DHE TO Canditians, if any, which gave Arteriosclerosis, Generalized - Severe Years rise ta immediate cause (a). DUE TO stoting the underlying cause 10 FUNERAL DIRECTOR: After this certificate has been #e last. 19 WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO F 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2De. PLACE DF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While at work at work ta_3-10-6 21. I certify that (145(this haspital) attended the deceased fram. HEACH CONCIONATION _, and that death accurred at1:00 NOW THE KIND OF THE PROPERTY O M. from causes and an the date stated above. 22b. DATE SIGNED 22a SIGNATURE MED DIRECTOR ATTENDING 19 Mar. M.D. PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) VA Hospital - Perry Point. Md. GOLDGRABEN M.D. directar, shauld b 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, (County) Mildary VR A15 (4) Abardeen, Maryland Tarring Funeral 20 M 1/66

.7	JUSTUS I	te	ms 18-21			RYLAND STATE DEP					
V_{-}		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
	FOR STATE		03498	3	MEDI	CAL EXAMINER'S	CERTIFICATE	OF DEATH		034	92
	HEALTH DEPT.	1	PLACE OF DEATH				2 USUAL RESIDENCE	E (Where deceased	ved, if astitution	Residence before	odmission)
	of ge		Cec	il		MARYLAND	o STATE Ma	aryland	b (OUNTY	Cecil	
	d 3 d 3 ent		b CITY OR TOWN (f autside carparate limits,		c LENGTH OF STAY IN 16	c CITY OR TOWN (II	outs de corporate lu	nifs, write RURAL	ond give nearest	town)
	ny detay is 2, and 3 ta PM3. Page partment of		write RURAL and	give nearest town)				Lkton		17-1	
				AL OR INSTITUTION (If not in	hospital, gir	ve street address)	d STREET ADDRESS			1 6	S RESIDENCE ON A FARM?
	haurs after death. If a trem 18 Give Pages 1, Office along with form		Elk Pa	per Company			RI	#3, Box	420	,	TES NO X
	haurs after death. It tem 18 Give Pages Office along with for land 2 with the State r death.		NAME OF	First		Midd e	last	4 DATE	Month	Day	Year
	after de a Give P a Give P a Give P with the F		DECEASED (Type or print)	RAY	•	н.	JUSTICE	OF DEATH	March	21	19 67
	ang grade (din)	5	SEX	6 COLOR OR RACE 7	MARRIED [NEVER MARRIED	B DATE OF BIRTH	9 AG		UNDER 1 YEAR	F UNDER 24 HRS
	× 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Male	White	WIDOWED [DIVORCED	Jan. 15.	1934 3	t birthday) M 3 yrs	onths Days	Haurs Min
	haur Pfrice and	10a	JSUAL OCCUPATION	(Give kind af wark dane	10b KIN	D OF BUSINESS OR	11 BIRTHP: ACE (St	ate or fareign country	1)	12 CT ZEN OF	WHAT
	24 haurs in Item 18 r's Office es 1 and 2/ es 1 and 2/	gur	ng mast af wark ng Labore:		EI	K Paper Co.	Virg.	inia		COLINTRYS	Α.
	him 24 nicil in niner's pages pages	13	FATHER'S NAME				14 MOTHER'S MAIDI				
	penal in aminer's le pages		Rov .	Justice			Geo	rgie Sta	сy		
	id with per I Exam	15	WAS DECEASED EVE	P NILS ADMED FORCES?	16 50	OCIAL SECURITY NO 17	INFORMANT	<u> </u>	Address		
	executed nding" in Medical I	Į (TE	No	(If yes give wor or dotes of se	22	6-38-2428 M	irs. Glad	vs Justi	ce. El	kton.	Md.
	This certificate should be executed within 24 hours icate, writing the word "pending" in pencil in Item be farwarded to the Chief Medical Examiner's Office I be used as a burial-transit permit. File pages I and 2 remayal, and in any event within 72 hours after dear		IB. CAUSE OF DE	ATH (Enter only one cause (per ne far (o), (b) and (c))				NTE	RVAL BETWEEN
	shauld be en ward in perion the Chieficant and event of any event of the chieficant		PART DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	Mu	ltiple extre	eme injuri	es		ONS	ET AND DEATH
	Plant of the plant		912.	3 DUE TO							
	e shau the wa ta the burial in any		Canditions, if any,	which gave) (b)							
	the state of the s		rise to immediat stating the under								
	ficot fing rded as a		last) (c)							
	vertificate writing th rwarded it sed as a k val, and in	2	PART I OTHER SI	GNIFICANT CONDITIONS CONT	RIBUTING TO	DEATH BUT NOT RELATED TO	THE TERM NAL D SEASE	CONDITION GIVEN IN	PART 1(a)	19	WAS ALTOPSY
	This clicate, be fail be urremay	CERTIF CAT ON								YE	PERFORMED?
	MINER: This the certificate, a should be for tiles a should be to still a should be to otion, ar remo	STIF	200 EXTERNAL CA PRIMARY DO ar COI	USE WAS		RIBE HOW INJURY OCCURRED.		in Part I or Part II o	fitem B.)		
	IINER: ne certifi shauld files 3 should	197	CAUSE OF DEATH	TRIBOTTIO L	Fe	ll into pulp	beater				
	She s	MED CAL	20c TiME OF INJU	JRY Month, Doy, Year		URY OCCURRED 20e PLA	ACE OF NJURY (Home, I	arm, 20f (C	y ar tawn)	(Ytrug)	(Stote)
	EDICAL EXAMINER: ass execute the cert rectar. Page 4 should inned far your files RECTOR: Page 3 should burial, crematian, a		p n	3 21 1967	ot wark	Nat While fag	actory	Chil	ds	Cecil	Md
	MEDICAL EXA please execute director. Page estained for you DIRECTOR: Page r to burial, crem		21, 1 certifi	y that I took charge o	of the remo	a'ns described abave, h	eld an Autopsy 🗴	Inspect an	, Inquiry	, and	in my apinian
4	ex e		death result	ed from Natural o	ouses 🔲	Agcident 3, Sui	cide 🔲, Hamic	de Undet	ermined mani	ner 🗌	
	ained o p		ACTUAL	01.	/	/_		CAL EXAMINER			
	ar t a de la constant		SIGNATURE	(harle	1 /2	celly		WED CAL EXAMINER			2. DATE SIGNED
	ony, nerro be ERA pri		EXAMINER'S	Charles S.	Potts	0		D CAL EXAMINER		•	3/23/67
	necessary, please execute the certificate, writh the funeral director. Page 4 shauld be farward 5 may be retained far your files for funeral DIRECTOR: Page 3 should be used Health priar to burial, cremotian, ar remaval,	00	NAME (Type)					reet, city, tawn ar co		15	
	D He	230	BURIAL, CREMATIC REMOVAL (Specify BUTIBLE			23c NAME OF CEMETERY OR			ON (City or Town)	(County) ginia	(State)
		24	FUNERAL DIRECTO		0	Justice Ce	metery	Grund EC'D BY REGISTRAR	0.3	RAR'S SIGNATUR	£
	VR A15ME (5) 6M 1/67				0,14					las Jud	
	DW 1/0/		Hicks H	ome for Fu	neral	s, Elkton,	Md. MAR	29 195/	James,	700	2



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03499 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission b. COUNTY NEW o. COUNTY o. STATE eci 1 0 MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2, ond PM3. write RURAL and give nearest town) Newank d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS hours 408 Arbour Drive Item 18, Give Pages ote No D olong with 3 NAME OF Middle Month Dov Year DECEASED OF. dK 2 1967 (Type or print) DESTR IF UNDER 1 YEAR S. SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years IF .. NDER 24 HRS buthday) Months Hours 10-20-88 WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during great of working life, even of retired) VIIO poges in ony 13. FATHER 5 NAME 14. MOTHER S MAIDEN NAME AKERS puo 16. SOCIAL SECURITY NO 17 INFORMANI be executed removal (Yes, no orgigknown) (if yes give wor or dotes of service) Newark, De). Kenneth 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY 50 IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO This certificate stoting the underlying couse 0.5 burial, o PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS FICATION PERFORMED? NO. YES 2 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of nury in Port or Port 11 of tem 18) ogent, priar PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page ot work at work 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection I Inquiry and in my opinion death resulted fram: Natural couses . Accident Suicide | Undetermined manner Homicide | retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 3-13-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** ro FUNER Health NAME (Type) Address (Street, city, town, or county) BURIAL CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 3/17/67 Blue Ridge Mem. Gardens Beckley, West Virginia SHYERAL DIRECTOR 2So. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03500 requires that the death certificate be executed within 24 hours after death filled in by the funeral papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b. COUNTY Gecil o. STATE Maryland o. COUNTY Cacil MARYLAND carban papers. Pages b, CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) went RURAL and give nearest town) 2 hrs. North East d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Union Hospital 9 Walnut St. 10 YES NO X NAME OF Middle 4. DATE First Lost Month Doy Year the attending physician and completely sit permit. Then please remove carbon DECEASED OF HERMAN BOYER LOCKARD March 6 19 67 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In veors 7. MARRIED NEVER MARRIED last birthday) Months Hours May 1, 1904 White Male WIDOWED DIVORCED 00 IDo. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country)
Cecil County Maryland 12. CITIZEN OF WHAT during most of work no ile, even if retired)
Brick Maker Fire Brick Mfg. COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar removal, David Lockard Emma Boyer 17 INFORMANT Addres Walnut St. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, pe, or unknown) (If yes give wor or dotes of service) Mrs. Joanne L. Harrison 216-05-6566 North East. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) ۵ 525X DUE TO 7 Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse has been the lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached far use te Dept, af Health YES X NO O FUNERAL DIRECTOR: After this certificate the haspital or 2Do ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year factory, street, office bldg, etc.) Not While of work of work 2). I certify that (I) (this haspital) attended the deceased from March 6, 1967, to Kalach 6, 1967, that (I) (we) last 1967, and that death accurred afficial M, fram causes and an the date stated above. saw the deceased alive an Kestech 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 105 E. Main St. 22c PHYSICIAN'S NAME (Type) Elkton, Md. Rolando A. Najera director, shauld b 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b DATE THEREOF (County) (Stote) North East Cecil Md. North East Methodist Mar. 9 25b REGISTRAR S SIGNATURE 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR PARES 55 VR A15 (4) 1967 5 Grant Funeral Home North East, Md. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



1		DIVISION OF VITAL RECORDS, 301,W. PREST	PARTMENT OF HEALTH FON STREET, BALTIMORE, MARYLAND 21201	
ATE	(f.em #/ Pl # 430/ 3/ //	CERTIFICATE OF DEATH	3495
957	1	LACE OF DEATH COUNTY Cecil MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, if institution Reo. STATE b. COUNTY Ohio	es dence before admission)
~		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E1kton	c CITY OR TOWN (If outside corporate firmits, write RURAL on Bellefontaine	d give neorest town)
	,	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Union Hospital	d STREET ADDRESS Box 206	e IS RESIDENCE ON A FARM? YES NO
	1	AME DF First Middle	Losi 4. DATE Month OF	Doy Year
	S	The state of the s	DINIII VIII	NDER 1 YEAR IF UNDER 24 HRS
		USUAL OCCLPATION (Give kind of work done g most of working life, even if retired) Sign Painter	11. BIRTHPLACE (Stote or toreign country)	2 CITIZEN OF WHAT COUNTRY?
	13	FATHER'S NAME Jester Logan	Leesburg Ohio 14 MOTHER'S MAIDEN NAME Emma Kerns	
within 72 haurs	15 (Ye	no or unknown) Wife one own way of dates of convent	oberts Fun Home, Dayton Ohio	
any event with		18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO	Injuries.	INTERVAL BETWEEN ONSET AND DEATH
٧		Conditions, if ony, which gave asset o immediate cause (a), stating the underlying couse (b) (c)		
1	AT ON	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO) THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0)	9 WAS AUTOPSY PERFORMED? YES K NO
	L CERTIFICAT	206 EXTERNAL CAUSE WAS PRIMARY® or CONTRIBUTING ☐ CAUSE OF DEATH. 206 DESCR.BE HOW INJURY OCCURRED Pedestrian struck	(Enter nature of injury in Part for Port II of item 18) by truck.	
	MEDICAL	20k TME OF NJURY Month, Day, Year Hour CKK 3 / 10 1967 While of work of work for	ACE OF INILARY (Home, form ottoy, street, off ce bldg , etc.) Street Perryville	(County) (Stote) Cecil Md.
		21 certify that I took charge of the remojos described above. He death resulted from Natural causes	icide 🔲, Hamicide 🔲, Undetermined mannel	
		ACTUAL Charles Pelly	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
2	200	EXAMINER'S Charles S. Petty	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	3/12/67
2		BURIAL CREMATION, REMORDER AND ALL PROPERTY OF ARTHUR AND ALL PROPERTY OF A	rg Cem Ohio Ohio	(County) (State)
		FUNERAL DIRECTOR Mily Softward Man Address allip Herwig Sons 2024 Orleans Street	eet 31 MAR 1 5 1967 ACCIONA	LES JULGE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03502 requires that the death certificate be executed within 24 hours after deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residen completely filled in by the funeral D. COUNTY o. STATE b. COUNTY MARYLAND event, within 72 hours after c LENGTH OF STAY IN 16 c. CITY OR TOWN (If auxiliae corporate limits, write RURAL and give nearest town) b. CITY OR-TOWN (If autoide carparate limits, wine RURAL and give negrest town) ove carbon papers. d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO IX YES NAME OF Middle 4. DATE Last Month Day Year DECEASED OF MAr 19 (Type or pant) DEATH 104 5 SEX 8. DATE OF BURTH 9. AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED birthdoy) Manths Hours Days WIDOWED 风 DIVORCED 10a. "SUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during ground of working life, even if returned) INDUSTRY COUNTRY 2 MARYLAND 15050 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME or removed 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, ng, or unknown) (If yes give wor or dates of service) cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c) INTERVAL BETWEEN signed by the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4437 DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying cause Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate hos been for use os the Health prior to last. WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 🔲 NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED (County) (State) Haur o.m. Not While factary, street, office bldg., etc.) at work at work 1962, 18 Merch G 21. I certify that (1) (this haspital) attended the deceased from 1967 that (1) (we) last saw the deceased olive and 2 1967, and that death accurred at 22 M, fram causes and on the date stated above 220 SJGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR M.D PHYS PHYS. director, page should be filed 22d-ADDRESS -27c PHYSICIAN NAME (Type)/ 230. BURIAR CREMATION 23b. DATE THEREOR 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State) REMOVAL (Speciful 250 REC'D BY REGISTRAR 24. FLINERA, DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03503CERTIFICATE OF DEATH 2407 hours after death. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH b. COUNTY y filled in by the to papers. Pages 11 hin 72 hours after Md. Cecil. Cecil MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b Cecilton. Elkton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita), give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? No.K Union Hospital YES [nysician and completely fiplease remove carbon pair, and in any example within executed within 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED LUSBY. 1967 (Type or print) ELDRIDGE W. DEATH March 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ 6. COLOR OR RACE 9. 7. MARRIED NEVER MARRIED TO last birthday) | Months | Hours October 20,1906 60 Male White WIDDWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done) 11. BIRTHPLACE (County & State, or foreign country) physician 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) COUNTRY? INDUSTRY Pa. Ret. Farmer. Own Farm. 0 removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME S. Wills Lusby. Helen M. Schrack 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address this certificate has been signed by the attenteraction to use as the burial-transit permit. Debt. of Health prior to burial, cremation, or a (Yes, no, or unkown) (If yes give war or dates of service) 221-18-7197 Henry Syle, No. INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: vears the hospital or attending physician. Arteriosc erotic Heart disease IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY detached for use e Dept. of Health PERFORMED? Probable immediate cause of death was Ball-Valve thrombus vis 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) PHYSICIAN: DR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached State Dept. o MEDICAL | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While - Not While FUNERAL DIRECTOR: After irector, page 3 should be could be filed with the State ATTENDING 19 at work L _ at work 4 Mar. 19 67. that (1) (we) last be retained 15 Jan 19 67 to 21. I certify that (I) (this hospital) attended the deceased from Man 19 67, and that death occurred at 6: Morrow the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED TO FUNERAL DIRE director, page 3 should be filed w DIRECTOR M.D. 4 may ADDRESS PHYSICIAN'S Wallace Obenshain. M.D. NAME (Type) Ceciaton, Md. 21913 BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF St. Stephens Cemetery. Mar.8,1967 Md. Earleville. Cecil Co: ADDRESS 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Millington, Md. 21651 Markey Judge Edward Feliows. VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral, and 2 and 2 death. PLACE DE DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY offely filled in by the further for the form of the fo a. STATE Maryland Cecil Cecil hours after MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 3 wks. Elkton Elkton R.D. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Union Hospital Fair Hill YES X NO within 3. NAME OF Middle DATE Month Year Last 4. Day DECEASED comple i 19 67 (Type or print) Martha Mackey DEATH 6 March executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED eme WIDDWED T DIVORCED 85 Female Mav 28 1881 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT physician a E 11. BIRTHPLACE (County & State, or foreign country) lease and ir COUNTRY? certificate be Pennsylvania U.S.A. Housewife or removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME been signed by the attending pt the burial-transit permit. Then or to burial, cremation, or remova Martha Elizabeth James Madison Watson Lambert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address that the death (Yes, no, or unkown) ((If yes give war or dates of service) John E. Mackey, Rising Sun. Md. No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. this certificate has (c) 88 CERTIFICATION 19. WAS AUTOPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES T NO TH DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) be de State I Hour a.m. While Not While After be retained by 19 at work at work TO HOST....
Page 4 may be to...
TO FUNERAL DIRECTOR: After director, page 3 should branch of the St. 21. I certify that (I) (this hospital) attended the deceased from. that (1) (we) last 24 and that death occurred at 244. M. from the causes and on the date stated above. saw the deceased alive on. DATE SIGNED 22a. SIGNATURE 22b. ATTENDING PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type) Stavrakis Peter 23c. NAME OF CEMETERY OR GREMATORY LOCATION (City, town or county) (State BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF Fair Hill. Sharps Cemetery Md. /9/ Buria' BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Funerals VR A15 (4) Elkton. Md. cks /Home or 15M 4-64





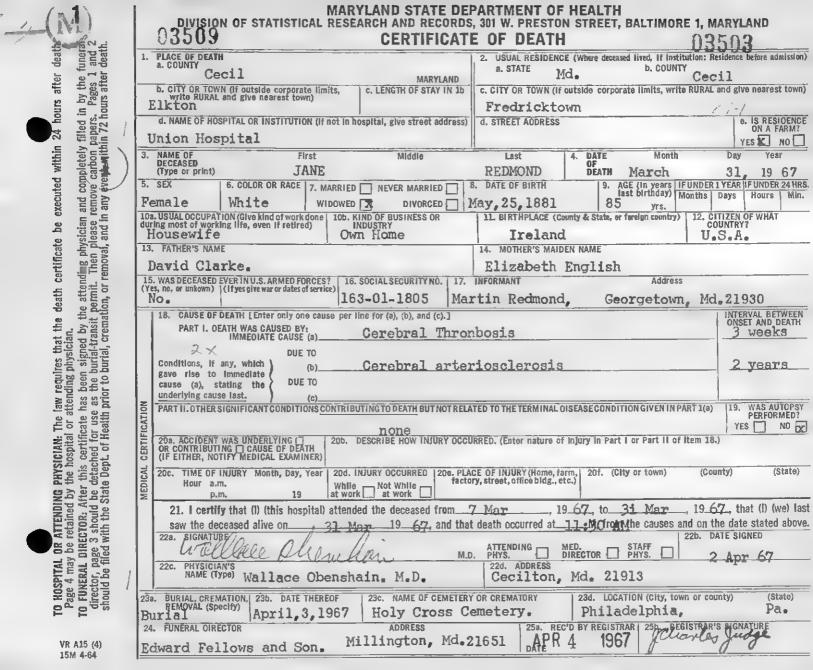


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201. CERTIFICATE OF DEATH 03507 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY District of Columbia Cecil MARYLAND b CITY OR TOWN (If autside carparate l'mits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate arrots, write RURAL and give negrest town) write RURAL and give nearest tawn) 9 mos 18 days Washington Perry Point d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET AODRESS e IS RESIDENCE ON A FARM? Veterans Administration Hospital 3196 18th St. YES [NO T requires that the death certificate be executed within NAME OF 4 DATE Year DECEASED 19 67 March 16. FRANK ARTHUR PILGRIM DEATH (Type or print) 5 SEX 9 AGE (In years IF UNDER 1 YEAR IE LINDER 24 HRS. 6 COLOR OR RACE 7. MARRIEO TE NEVER MARRIED 8 DATE OF BIRTH removē 92 vrs Months Days Hours 4-2-74 and in any WIDOWFD DIVORCED Male Negre and 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT U.S.A. signed by the attending physician obviral-transit permit. Then please burial, cremation, ar remayol, and it during most of working afe, even if retired) INDUSTRY Navy man retired Massachusetts 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 578-20-1620 VA Hospital Records, Perry Point, Md. Yes INTERVAL BETWEEN 1B. CAUSE OF CEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cerebral Thrombosis IMMEDIATE CAUSE (a) by the haspital or attending physician. DUF TO Terminal Broncho- Pneumonia Conditions, if any, which gave rise to immediate cause (a). DUE TO has been s stating the underlying cause etached far use as the Dept. of Health prior to WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION NO K FUNERAL DIRECTOR: After this certificate 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING ELICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year Hour o.m. 2Dd INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, affice bldg., etc.) Not While at work at work 21. I certify that (4) (this haspital) attended the deceased framJune 1 1966 to March 16 107 жжижжжж Page 4 may be retained director, page 3 shauld shauld be filed with the 22b. DATE SIGNED 22a. SIGNATURE ATTENDING 3-17-67 DIRECTOR PHYS. M.O. PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) S. A. Hegedus, M.D. VA Hospital, Perry Point, Md. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b DATE THERFOR 23d /LOCATION (City or Town) (Stote) REMOVAL (Specify) 9 25g, REC'O BY REGISTRAR 2Sb/REGISTRAR'S SIGNATURE 24 FUNERAL OIRECTOR Melanten VR A15 (4) 20 M 1/66



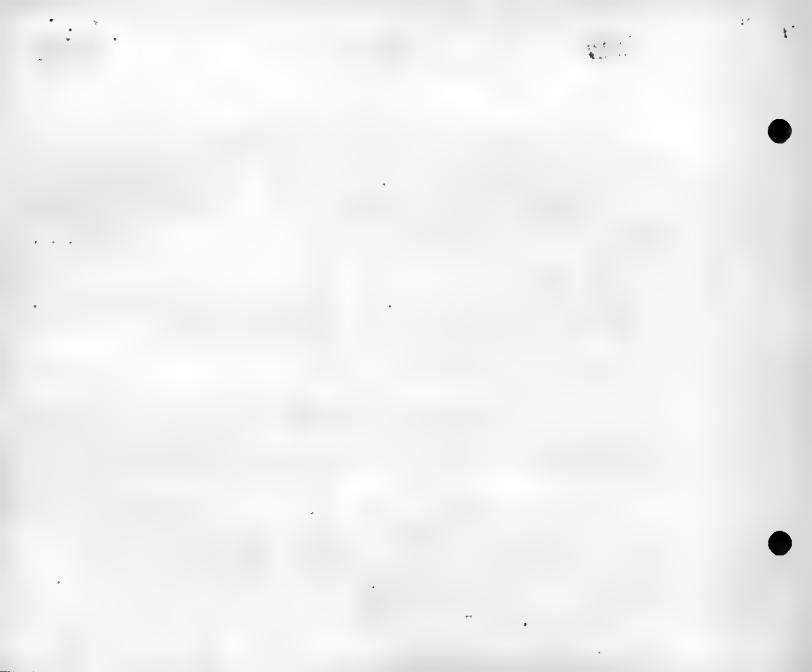
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 93508 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission ompletely filled in by the funeral ve carban papers. Pages I and event, within 72 haurs after deap PLACE OF DEATH o. COUNTY o. STATE COUNTY Cecil Maryland MARY! AND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point, Maryland 25 days Baltimore d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 2917 E. Baltimore VA Hospital, Perry Point, Maryland YES NO 3 NAME OF First Lost 4. DATE Month DECEASED THEODORE P. RAKOWSKI MARCH 1067 (Type or print) DEATH IF UNDER 24 HRS. S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR lost birthdoy) Months White Hours Male 12-12-01 WIDOWED DIVORCED the attending physician and sit permit. Then I ease tem 10a JSUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) 11 BIRTHPLACE (County & Stote, or foreign country) 105 KIND OF BUSINESS OR 12. CITIZEN OF WHAT Salesman COUNTRYA Baltimore, Maryland Salesman -Retired 14. MOTHER'S MAIDEN NAME cremation, ar remayd Kunugunda Shultz Joseph Rakowski IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO 15 WAS DECEASED EVER IN U.S. ARMED FUNCES.
(Yes, no, or unknown) (If yes give wat or dates of service) 212 07 87 38 VA Hospital Records, Perry Point, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit burial, cremati ONSET AND DEATH
5-10 days PART I. DEATH WAS CAUSED BY Uremia IMMEDIATE CAUSE (o) 443X DHE TO Hypertension cardio-vascular disease Conditions, if ony, which gove vears rise to immediate couse (a). DHE TO stoting the underlying couse has been lost. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES K NO certificate 20o ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year O FUNERAL DIRECTOR: After this Hour a.m. factory, street, office bldg., etc.) Not While of work 3-20-07, 19 , 1Kappp (169) . 19 6'(. to 3-2-21. I certify that ACC (this hospital) attended the deceased fram_ be retained director, page 3 shauld shauld be filed with the sow the decreased of property of the decreased of the decrease of the decreased of the decr 22b. DATE SIGNED 22o. SIGNATUR ATTENDING STAFF PHYS. DIRECTOR 3-27-67 M.D. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) VA Hospital, Perry Point, Md. STEPHEN A. HEGEDUS, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify)
Removal 8/29/1967 Baltimore, Holy Rosary Md. 2So. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (41) JENKIN &Co., Baltimore, Maryland 20 M 1/66







3]	1	Division of STATISTICAL	MARYLAND STATE DEP RESEARCH AND RECORDS, 301	PARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAND 2	1201
(KE)		93510	CERTIFICATE	OF DEATH	03504
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and consplerely filled in by the funeral e. 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and ed with the State Dept. of Health priar ta burial, cremation, or remaval, and in any event, within 72 hours after destinance.	1	PLACE OF DEATH o. COUNTY Cecil	MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, if institution Residence Connecticut b. COUNTY	\checkmark
equires that the death certificate be executed within 24 hours after physician. signed by the attending physician and congletely filled in by the furburial-transit permit. Then please remave carban papers. Pages I burial, cremation, or remaval, and in any event, within 72 hours after		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point	days 3 yr 2 mos	c CITY OR TOWN (If autside carporate limits, write RURAL and c Norwich	*
4 hor sers.	L	d NAME OF HOSPITAL OR INSTITUTION (If not in hi		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
xecuted within 24 cangletely filled i nave (arban paper ny event, within 72	L	Veterans Administra		17 Braddway	YES NO NO
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en el el	5		FARET E. ARRIED NEVER MARRIED 8	DATE OF PURTH TO ACE / P MADE	R I YEAR _ IF UNDER 24 HRS.
color gree y ev	-	140	DOWED DIVORCED	7-11-73 (last birthday) Months	
rem	10	o USUAL OCC. PATION (G ve xind of work done	105 KIND OF BUSINESS OR	11 RIPTHPLACE (Country & State or foreign country) 12	CITIZEN OF WHAT
ase nd i	du	ring most of warking life, even if retired) Nurse	INDUSTRY Health	Nova Scotia	COUNTRY? S.A.
jple il, a		FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
hen		Jeremiah Ryan		Mary Scott McDonald	
ren :	15	WAS DECEASED EVED IN U.S. ADMED EDOCESS	16. SOCIAL SECURITY NO 17. IN	NFORMANT Address	
, or	1,	es, no, or unknown) (If yes give war or dates of servi	" 217-54-9515 VA	Hospital Records, Perry P	oint, Md.
t pe	Г	18 CAUSE OF DEATH (Enter only one cause per PART I, DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
ansi		IMMEDIATE CAUSE (o)	Recurrent Adeno-Car	rcinoma of Rectum with	V110111110 Delt111
ol, c		Canditions, if any, which gave) (b)	Metastasis to Live	er	5 Years
pori		rise to immediate couse (o), (NIS TO	MCCGStodarb oo 111	W.	7 10010
		stating the underlying couse (c)			
rial			BUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
3€ /	FICATION			\\	PERFORMED?
Heo	FIC	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED (E	Enter nature of injury in Part I or Part II of item 18.)	
r. of		(IE EITHER NOTIFY MEDICAL EXAMINED)			
Dep	MEDICAL	20c TIME OF INJURY Month, Day, Year Haur a.m.	20d. INJURY OCCURRED 20e. PLACE	E OF INJURY (Hame, farm, rry, street, affice bldg., etc.) 20f (City or town) (County) (State)
ote	¥	p.m.	ot wark 🗀 at wark 🗀 📗		(=
e XI		21. I certify that (1) (this haspital)	attended the deceased fram_D	Dec. 17 1963 to March 5 1	
a t			XXXXXXXXXXXXXX and that	death accurred at 1:50M, fram causes and an	The date stated obave. DATE SIGNED
director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to		220 SIGNATURE	Quality M.D.	ATTENDING MED STAFE 1	3-5-67
ediled		22c PHYSICAN'S	E 14 m.b	22d. ADDRESS	
- P		NAME (Type) Edgar E. F	OLK III M.D.	VA Hospital, Perry Poin	t, Md.
blut ,	23	a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY 23d. LOCATION (City or Tawn)	(Caunty) (Stote)
SDC		REMOVAL SPECIAL Mar. 6 19		Providence, Rh	ode Island
		4. FUNERAL DIRECTOR 12 4 1 JANICA 130	28 Warwick Avenue	250 REC D BY REGISTRAR 25h REGISTRAR"	SIGNATURE
6			ode Island	MAR 9 1967 golland	Judge



MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13508	
HEALTIL DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before ed	dinissio
£ 3	a. STATE (A. b. COUNTY	
E SEE	b. CITY OR TOWN (if outside corporate limits, s. LENGTH OF STAY IN Ib c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest low.	1)
5 5 5 E	RURAL CONCULNED 50 YEARS CONOWINGO	
death	d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) d. STREET ADDRESS e. 15 RE:	
funeral funeral sined State	AT HOME YESKI	FARM NO
If any de the funer retained ne State urs after	3. NAME OF DECEASED And First Month Day Year	
- A - = 0	(Type or print) GEORGE LOUIS / AYLOR DEATH MARCH 26 196	17
r death and 3 to may be 2 with integral h	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER) Inst. birthdey) Months Days Hours	24 HRS.
P 2007 F	DIVORCED LIVAN 18-18/1 90 YES	
ours afte ges 1, 2, Page 5 es 1 and ent with	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BID HIT ACE (State or foreign country) 11. BID HIT ACE (State or foreign country)	DUNTR
24 hours e Pages 1, M3. Pag pages 1 a y event v	13. FATHER'S NAME. 14. MODER'S MAIDEN NAME	
2 5 2 5 2 5 A	TOBER TANIOR FORES FIRMARY	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ENFORMANT Address	
tem 18. with fo with fo permit.	(Yes, no, or unknown) (Hyesgivewargfdetes of services), 5-36-8300 FTHE TUXX DETY HUDDO ME)
5	18. CRUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)	VEEN
ould be executed v in pencil in them 1 Office along with the outlier of the control of the contr	PART I. DEATH WAS CAUSED BY, OR RONARY THE COMBOST	ATH
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rd "rd "ial, ial,	PERFOR	MED?
R. This control the word Medical I should be to burial	YES 1 A Part I of Pert II of Item 18.)	40 X
EXAMINER: The stee, writing the with Chief Mediner R: Page 3 should seem, prior to be	PRIMARY OF CONTRIBUTING DIED SITTING IN CHAIR	
MINE Vriting Chief / sge 3 s		State)
EXAMIN ale, writin the Chie R. Page 3	Hour a.m. While Not While factory, street, office bldg., etc.) p.m. 19 et work et work	
Ticat To 1 To 1 To 2	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . and in my op	inion
MEDICAL I	death resulted from: Natural causes. Accident . Suicide . Homicide . Undetermined manner	
ED War	CHIEF MEDICAL EXAMINER	
Z M Cute Se for M Lits d	SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGN	IED
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	220. BUNIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMERRY OF CREMATORY 22d. LOCATION (City, town, or county))
TO DEP please 4 shoul TO FUN Health	BUNGAL (Specify) 3-29-1967 West Nottingham Colora M	1
H H O	28. AFRICAD DIRECTOR AND ADDRESS 248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
VR A15ME 5M 1/63	TernonETT-Thelen RISINGSUN MI ONMAR 30 1967 goliantes Judge	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03507 CERTIFICATE OF DEATH law requires that the deoth certificate be executed within 24 hours after deoth de all de the ottending physicion and completely filled in by the funeral sit permit. Then please remove corbon popers. Pages 1 and mation, or removal, and in any event, with 10-72 hours after degal 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY Cecil **b.** COUNTY Mannel and MARY! AND b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (if gutside carporate limits, write RURAL and give negrest town) write RURAL and give nearest town Port Devocit e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO THE Street 3 NAME OF Middle 4. DATE Dov Year DECEASED OF Alvia 6 bor (Type or print) DEATH arch S SEX AGE (In years IF LINDER 1 YEAR' IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH **NEVER MARRIED** lost birthday) Months Dovs Hours Female Cau. WIDOWED DIVORCED 19,1890 12. CIT ZEN OF WHAT 10g USHAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY House Wife IS. Marvland 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME Don iamin Taurinda Fisher 16. SOCIAL SECURITY NO 17. INFORMANT 15 WAS DECEASED EVER IN L.S. ARMED FORCES? Address (Yes, no or unknown) (If yes give war or dotes of service Walter Todd Sr. Port Deposit no cremation. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN buriol-transit IMMEDIATE CAUSE (o) signed by DUE TO Conditions if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been as the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 WAS AUTOPS PERFORMED? use YES NO for 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 2Do ACCIDENT WAS UNDERLYING [] detached f OR CONTRIBUTING CALSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2De, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg , etc.) Not White at work at work should be 21. I certify that (I) (this hospital) attended the deceased fram 1982, to-5-/ 1962, that (I) (we) last 1962, and that death occurred at \$ 1962. M, from couses and an the date stated above. saw the deceased alive on 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR director, poge 3 should be filed v M.D. 22d. - ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION, 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Colora Burial 3-5-1057 25b. REGISTRAR'S SIGNATURE REC'D' BY REGISTRAR 24. FUNERAL DIRECTOR Meliane VR A15 (4) 20 M 1/66 1967 Son Perryville. te raon



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH, DEPT PLACE OF 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before paim ssion) p. COUNTY 2, and 3 ta PM3. Page o STATE **b.** COUNTY Cecil1 death. Maryland Ceci1 MARYLAND Department b CITY OR TOWN (If auts de corporate l'mits CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate i mits, write RURAL and give negrest tawn) write RURAL and a ve neorest tawn) after E1kton d NAME OF HOSPITAL OR INSTITUTION (if not in haspita), give street address) d STREET ADDRESS e IS RESIDENCE 72 hours 149 E. High Street 149 E. High Street State in Item 18. Give Pages YES NO X after death Office eleng with 3 NAME OF 4 DATE Month Day Year DECEASED ALMEDA WALKER 67 March 16 (Type or print) 19 w,tbrh DEATH 6 COLOR OR RACE AGE (In years LYFAR 7 MARRIED DATE OF BIRTH IF LINDER JE JNDER 24 HRS NEVER MARRIED ast birthday) Hours White Female WIDOWED DIVORCED 24 haurs event 100 USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (State or fareign country) 12 C TIZEN OF WHAT Б during most of working life, even if retired) **INDUSTRY** duy HOUSEWIFE 5 Examiner's pages in any TERRAHAUTE ONAF pencil be executed within 14 MOTHER'S MAIDEN NAME 먎 pup IS WAS DECEASED EVER IN ITS ARMED 16 SOCIAL SECURITY NO 17 INFORMANT MD rd "pending" in Chief Medical E permit. remayal (Yes, no. or unknown) I(If yes give wor or dates of service) NIATTHEW 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) **burial-transit** PART I DEATH WAS CAUSED BY ONSET AND DEATH ь IMMEDIATE CAUSE (6) Arteriosclerotic Cardiovascular Disease certificate shauld writing the ward crematian, DHF TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO storing the underlying couse 0 SD lost. burial, PART II OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? please execute the certificate. YES X NO agent, prior ta 20o EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port it of item 181) 3 shauld PRIMARY OF CONTRIBUTING AL EXAMINER: CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (Stote) (County) Hour o.m. factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page ot work 21. I certify that I took charge of the remains described above, held on Autopsy [X] Inspection Inquiry ond in my opinion deoth resulted from. Natural couses X the funeral director. Accident [Suicide Homicide Undetermined monner may be retained CHIEF MEDICAL EXAMINER **ACTUAL** alle 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 0 **DEPUTY MEDICAL EXAMINER** 3/16/67 **EXAMINER'S** Charles S. Petty Health Address (Street, city, fown, or county) NAME (Type) 23b DATE THEREOF BUR AL CREMATION 23c NAME OF CEMETERY OR CREMATOR) 23d OCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) IORTH EAST METH. NORTH EMST CECII FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
03515 CERTIFICATE OF DEATH 03510					
Cecil MARYLAND Md. Kent.	mission)				
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neares town) c. CITY OR TOWN (if outside corporate limits, write RURAL end give neares town) Sassafras.	t town)				
ON A F.	ARM?				
NAME OF First Middle Last 4. OATE Month Day Yea	ir				
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lif UNDER 1 YEAR IF UNDER 1	Min.				
3. FATHER'S NAME Unknown Maria Hines.					
15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) ((Ifyes give war or dates of service) No. 222-05-6783 George Hines, Rural Millington, Md. 2165.	1				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COPONARY OCCLUSION ONSET AND C	WEEN DEATH LOUP				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclreotic heart disease, years (c)	?				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU PERFOR	MEO?				
	State)				
21. I certify that (I) (this hospital) attended the deceased from 1 Mar , 19 67, to 3 Mar , 19 67, that (I) (v saw the deceased alive on 3 Mar 19 67, and that death occurred at 4 PM) from the causes and on the date stated 22a. SIGNATURE 22b. OATE SIGNED					
22c. PHYSICIAN'S NAME (Type) Wallace Obenshain. M.D. ATTENDING M.D. MED. OIRECTOR DAYS. D 5 Mar 67 22d. ADDRESS Cecilton, Md. 21913					
38. BURIAL CREMATION 23d. LOCATION (City, town or county) (St	tate)				
Millington, Md. 21651 MAP 0 1967 Charles Villes					
100 Light Linear September 100 Linear	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. CERTIFICATE OF DEATH 3. COUNTY Cecil MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Redience, before and a. STATE M. C. CITTOR TOWN (If outside corporate limits, b. CURTOR TOWN (If outside corporate limits, write RURAL and give nearest EINTON G. NAME OF HOSPITAL OR INSTITUTION (If not in bospital), give street address) G. NAME OF HOSPITAL OR INSTITUTION (If not in bospital), give street address) G. STREET ADDRESS G. SRES G. OR RES UNION THE MARYLAND D. COUNTY KENT. C. CITTOR TOWN (If outside corporate limits, write RURAL and give nearest Into On Hospital 2. STREET ADDRESS G. SRES G. SRES G. SRES G. OR RES UNION THE MARYLAND D. COUNTY KENT. S. SEX G. OLOR OR RACE [7] MARYLAND D. COUNTY KENT. C. CITTOR TOWN (If outside corporate limits, write RURAL and give nearest Into On Hospital D. COUNTY KENT. C. CITTOR TOWN (If outside corporate limits, write RURAL and give nearest Into On NAF VES G. SREET ADDRESS G. SREET ADDRESS J. SARE G. COLOR OR RACE [7] MARYLAND D. COUNTY KENT. C. CITTOR TOWN (If outside corporate limits, write RURAL and give nearest On NAF VES J. STREET ADDRESS J. STREET ADDRESS J. SARE G. COLOR OR RACE [7] MARYLAND D. COUNTY KENT. D. COLOR OR RACE [7] MARYLAND D. COLOR OR RACE [7] MARYLAND D. COLOR OR RACE [7] MARYLAND L. SARE TRACE (County & Sale, or training) Months Dove Hours J. SARE G. COLOR OR RACE [7] MARYLAND J. SARE COLOR OR RACE [7] MARYLAND J. SARE COLOR OR RACE [7] J. SARE				

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution b. COUNTY Cecil Md. Cecil MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Elkton Cecilton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? Union Hospital YES NO DE completely executed within With NAME OF DECEASED 3. Middle Month Day First Last 4. DATE Year JAMES (Type or print) CARROLL WOOLEYHAN 19 67 DEATH March 29 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthday) lease removand in any Days Male White Sept. 12, 1889 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) death certificate be INDUSTRY Broker Insurance Md. U.S.A. removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James A. Wooleyhan Mary E. Stradley. transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes give war or dates of service) Yes. Mrs. Isabel G. Wooleyhan, Cecilton, Md. 21913 480-03-3737 W.W. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN been signed by t the burial-transit or to burial, crema ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) or attending physician. DUE TO Conditions, if any, which rise to immediate DUE TO stating the underlying cause last. as DT CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED for use Health PERFORMED? certificate NO F YES the hospital 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) this certifidetached for Dept. of h MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) be de State Hour a.m. Not While After Id be d at work at work be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the the 21. I certify that (I) (this hospital) attended the deceased from 19 19_ ____ that (i) (we) [ast _M, from the causes and on the date stated above. saw the deceased alive on. and that death occurred at DATE SIGNED SIGNATURE 22b. 22a. MED. DIRECTOR STAFF PHYS. M.D. PHYS. TO HOSPITAL I 22d. ADDRESS Union Hospital Rolando Najera. M.D. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, Chesapeake City, Md. Bethel Cemetery. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Millington, Md. Edward Fellows and Son. VR A15 (4) 15M 4-64

